

Testimony of Scott M. Burns
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HB 5470: The Medical Value of Smoked Marijuana

Mr. Chairman and Members of the Committee,

I appreciate the opportunity to provide information to the committee regarding issues of critical importance as the committee considers HB 5470. Specifically, the issues before the committee are whether smoked marijuana has medical value, and whether it should legislatively be declared a medicine. I hope that this document will provide helpful information on those questions.

As the members of the committee may be aware, the Administration has consistently followed the judgment of the Food and Drug Administration (the FDA) that smoked marijuana is not an approved medicine. In April of this year, the FDA publicly reiterated its conclusion that smoked marijuana does not meet existing standards of safety and efficacy for modern medicine. In addition to concerns over the lack of demonstrated medical efficacy of smoked marijuana, and the well-demonstrated health risks, there is the further challenge presented by proposed state actions to the integrity of the drug approval process. By law, and for good reason, the FDA is the sole governmental entity charged with testing and approving new medications.

To ensure that appropriate medications are provided safely to those who are ill and suffering, over the last hundred years, the United States has devised and refined a comprehensive system of safeguards. Due, in no small part, to these safeguards, America's medical system has developed into the most advanced and sophisticated in the world. Part of this medical system is the adherence by the medical and pharmaceutical communities to decisions about medications made by the FDA. There is a rigorous, demanding, and sometimes lengthy process by which FDA scientists evaluate whether a substance is safe enough, and effective enough, to warrant being recognized, prescribed, and ingested, as a medicine.

Adherence to this system has played an important role in protecting Americans seeking treatment for illness. Prior to the creation of the FDA in 1907, Americans were barraged with a variety of claims about the supposed safety or effectiveness of a range of folk remedies and addictive

substances. The major component of many so-called "cures" was alcohol; those who consumed it would, not surprisingly, report "feeling better" after consumption. But these substances were not necessarily safe or effective: in many cases, snake-oil salesmen were simply hawking their products without the safeguards and protections that today, as Americans, we rightly expect from our government. And that is why, over the last one hundred years, a compact based on trust has been formed between patient, physician, and the government. The compact is this: a patient can expect that a physician will only prescribe a medication proven to be safe and effective; and both patients and physicians can expect that government-recognized medications have been determined to be such only after a properly rigorous scientific analysis – not political pressure and deal-making. Americans have come to know that the FDA is required to engage in serious, rigorous, long-term clinical studies about the safety and effectiveness of would-be medications.

HB 5470 would turn back the clock in Michigan to an era without the safeguards and protections Americans enjoy today, by making the decision about a substance one of politics, instead of one of science. The proponents of medical marijuana legislation or ballot initiatives in states have generally offered testimonials, not scientific data, that smoked marijuana helps patients suffering from AIDS, cancer, and other painful diseases "feel better." It should not surprise anybody that sincere people, after smoking marijuana, might report relief of any number of their symptoms. Marijuana is an intoxicant. The same report could be made by people, be they ill or healthy, who inject heroin or smoke crack cocaine. But that is not, and never should be, the primary test for declaring a substance a recognized medication. The very foundation of our medical system, which relies on science, should not be easily manipulated by public opinion to determine what substances are safe and effective. Endorsing smoked marijuana through the political process turns our modern, hundred-year-old medical system on its head, allowing politics rather than medical judgment to determine what is safe and effective.

In the century that the FDA has been approving medicines, it has shown an open willingness to test and approve potentially harmful and addictive substances if it can be demonstrated that the benefits these substances provide outweigh the risks. The medicinal derivatives of the opium poppy and coca plant – recognized and approved by the FDA, and safely consumable when used as prescribed – clearly demonstrate this principle. Examples of these legitimate derivatives

include morphine, Demerol and OxyContin. However, smoked marijuana has never passed this test. The FDA has determined that there is simply no compelling scientific evidence that smoking marijuana relieves the myriad of ailments that its proponents claim. Moreover, the medical community prescribes drugs that are safer and easier to administer, and that have been shown to be effective at treating the ailments that marijuana proponents claim are relieved by smoking marijuana.

The 1999 Institute of Medicine Study: Setting the Record Straight

Proponents of so-called "medical" marijuana have sometimes cited a 1999 study by the Institute of Medicine (IOM) of the National Academy of Science regarding the medical value of marijuana, using the study to argue that the Federal government-sponsored study concluded that marijuana has medical value. This is misleading, and the record should be set straight.

In January of 1997, the Office of National Drug Control Policy commissioned the study to conduct a comprehensive review of the known health effects and potential medical use of smoked marijuana. The review culminated in the 1999 report "Marijuana and Medicine: Assessing the Science Base."

The report includes a recommendation *against* long-term medical use of smoked marijuana, due to the health risks associated with smoking, such as findings that marijuana smoke is an important risk factor in the development of respiratory diseases. The report also recognized that marijuana smoke is associated with increased risk of cancer, lung damage, and poor pregnancy outcomes. Ultimately, the IOM report concluded that the usefulness of marijuana for medical purposes is limited by the harmful effects of smoking, and that because smoked marijuana is a crude delivery system that delivers harmful substances, any future for marijuana as medicine would not be as a smoked substance, but rather in being able to isolate its components in non-smoked form. The verdict of that report was that "marijuana is not a modern medicine." The Institute was particularly troubled by the notion that crude marijuana might be smoked by patients, which it termed "a harmful drug-delivery system."

Consistent with the findings of the IOM study, we have supported the ability of physicians to prescribe, in appropriate circumstances, medications which incorporate a synthetic form of THC (an active ingredient in marijuana) in non-smoked form. The medicine is called Marinol, and the FDA determined – after an appropriately rigorous inquiry – that when used as prescribed, the drug can be both safe and effective. It is worth noting that Marinol is not consumed as a smoked carcinogen.

Conclusion

The decision before Michigan lawmakers is an important one, and touches on two key issues: the question of how we treat illicit drugs in our society, and how we determine what is, and what is not, safe and effective medicine. With respect to the first issue, marijuana continues to be the most widely used illegal substance in America, especially among our teens. We know that preventing the initiation of marijuana by teenagers is critical to ensuring that they will live a life which is free of drug use. At a time when teen marijuana use is finally declining nationally, lawmakers must ask themselves if endorsing marijuana as medicine, especially without the scientific or medical evidence to do so, is going to have a positive effect on teens in Michigan.

And with respect to the second issue – the integrity of our medical system – I would urge lawmakers to consider the medical system that we have fought to establish in this nation. It serves as a model for the rest of the world. Americans rightly expect a medication which has the FDA seal-of-approval to be safe and effective. Decisions made on the basis of politics, rather than science and medicine, violate the trust that forms the basis of the compact between patient, physician and government in America. It further turns one hundred years of progress on its head. When faced with the question of whether to declare smoked marijuana a medicine by legislative vote, state lawmakers should reject that approach, and instead renew their commitment to ensuring that decisions about medicine are based on data resulting from medical research and scientific inquiry.

Thank you again for considering this information and my office stands ready to provide any further information that the committee determines may be helpful regarding marijuana.